

# **SCHEDULE A (FEC Form 3P)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
JOHN MCCAIN 2008, INC.

**A.**

Full Name (Last, First, Middle Initial)  
DR. RICHARD GARY LANE, JR.

Mailing Address  
8 COBHAM WAY

City State Zip Code  
SAN ANTONIO TX 78218-6061

FEC ID number of contributing  
federal political committee.

Name of Employer  
U.S. AIR FORCE

Occupation  
PHYSICIAN

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Transaction ID: SA17.765801

**B.**

Full Name (Last, First, Middle Initial)  
MR. SAMUEL M. LANE

Mailing Address  
2 RIVERS CREEK DRIVE

City State Zip Code  
JACKSON MS 39211-5900

FEC ID number of contributing  
federal political committee.

Name of Employer  
FIRST COMMERCIAL BANK

Occupation  
BANKER

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Transaction ID: SA17.785131

**C.**

Full Name (Last, First, Middle Initial)  
MR. SCOTT LANE

Mailing Address  
1036 S. 26TH ROAD

City State Zip Code  
ARLINGTON VA 22202-2204

FEC ID number of contributing  
federal political committee.

Name of Employer  
S.H.L. & ASSOCIATES, INC.

Occupation  
GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

Transaction ID: SA17.841853

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....